Fill in this informa	ation to identify your case:	
Debtor 1	Charles A. Jones, Jr.	
Debtor 2 (Spouse, if filing)	Christina Denise Jones	
United States Bar	nkruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
Case number	1:24-BK-00495-HWV	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Ea	arm 1061	is income as of the following date.

## Official Form 106l

## Schedule I: Your Income

12/15

MM / DD/ YYYY

For Dobtor 1

For Dobtor 2 or

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## **Describe Employment** Part 1: Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation postal carrier Manager Include part-time, seasonal, or Employer's name United States Postal Service Commonwealth of Pennsylvania self-employed work. Occupation may include student **Employer's address** Involuntary Deductions Unit **Bureau of Payroll Operations** or homemaker, if it applies. 2825 Lone Oak Parkway PO Box 8006 Saint Paul, MN 55121-9650 Harrisburg, PA 17105-8006 How long employed there? 29 Years 10 years

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				FOI DEDIOI I		filing spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	6,669.21	\$	5,556.28
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$_	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	6,669.21	\$	5,556.28

Page 1 of 4

Main Document

Case number (if known)

1:24-BK-00495-HWV

				F	For Debtor 1		For Debtor 2 or non-filing spouse		
	Copy	y line 4 here	4.	\$	6,669.21	\$	5	,556.28	3
5.	List a	all payroll deductions:							
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	\$ \$ \$ \$	47.56 297.24 0.00 433.23 0.00 62.92	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1	0.00 0.00 0.00 0.00 958.83 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	2,396.56	\$	2	,054.22	_
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,272.65	\$		,502.06	_
8.	List a 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		\$		0.00	_
	8b.	Interest and dividends	8b.	\$		\$		0.00	_
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance	8c. 8d. 8e.	\$ \$	0.00	\$ \$ \$		0.00	)
	8g. 8h.	that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income Other monthly income. Specify:	8f. 8g. 8h		0.00	\$ \$ + \$		0.00	)
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$		0.0	_
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	<u> </u>	4,272.65 + \$	3	3,502.06	= \$	7,774.71
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify:	deper			•	Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resentation the Summary of Schedules and Statistical Summary of Certales						\$	
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					month	ly income
		No.							
		Yes. Explain:							

						•		
Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Charles A. Jo	ones, Jr.			Ch	eck if this is: An amended filing	
Deb	tor 2	Christina Der	nico Iono	2			ū	wing postpetition chapter
	ouse, if filing)	Christina Dei	iise Jone	5				the following date:
``		ruptcy Court for the	: MIDDL	E DISTRICT OF PENNSYL	_VANIA		MM / DD / YYYY	
Cas	e number 1:	:24-BK-00495-I	۱۱۸/۱/					
	nown)	.24-DIX-00493-I	IVVV					
Ľ	,							
Of	fficial Fo	orm 106J						
So	chedule	J: Your	Exper	nses				12/15
Be info nur	as complete ormation. If m nber (if know	and accurate as nore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people ar				
Par 1.	Is this a join	ribe Your House	enoia					
٠.	□ No. Go to							
	_	es Debtor 2 live	in a canar	ata hausahald?				
			iii a sepai	ate nousenoid?				
	■ N		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							☐ Yes
								□ No
								☐ Yes
								□ No
								Yes
								□ No
3.	Do vour ov	noncos includo	_					☐ Yes
J.	expenses of	penses include of people other t od your depende	han $\square$	No Yes				
Par	t 2: Estim	nate Your Ongoi	ng Month	v Expenses				
Est exp	imate your e	xpenses as of year	our bankr	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the solution of the solut	orm as a s J, check	supplement in a Chathe top of the box at the top of	apter 13 case to report of the form and fill in the
				government assistance i				
(Official Form 106I.)					Your exp	enses		
4.		or home owners nd any rent for th		ses for your residence. In or lot.	nclude first mortgage	4.	\$	1,532.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's				4b.	· ·	0.00
				upkeep expenses		4c.	:	120.00
5		eowner's associat		dominium dues our residence, such as ho	mo oquity loose	4d. 5	·	0.00
	MOUNTONAL	monuade Davim	enus for w	AN TESTDERICE, SHOP SO NO	THE BOTHN IDADS	7	-n	11 (1(1

Official Form 106J Schedule J: Your Expenses page 1

Customary   124-BK-00499-HWV		tor 1 Charles A. Jones, Jr.	•		1:24-BK-00495-HWV					
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. \$ 150,00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 330,00 6d. Other, Specity. Home warrantly 6d. \$ 118.00 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. S 100,00 10. Personal care products and services 10. \$ 100,00 10. Personal care products and services 11. \$ 100,00 11. Personal care products and services 11. \$ 100,00 12. Transportation. Include gas, maintenance, bus or train fare. 12. Transportation. Include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. \$ 0,00 15. Insurance. 16. Charlable contributions and religious donations 14. \$ 0,00 15. Insurance. 15. Insur	Deb	tor 2 Christina Denise Jones	Case num	ber (if known)	1.24-BR-00493-11VV					
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